

## **RECEIPT OF PAYMENT**

| Receipt Number: | 2021060829  |  |
|-----------------|---|--|
| Receipt Date:   | 07/02/2021  |  |
| Date Paid:      | 07/02/2021  |  |
| Payment Method: | Cash,   |  |
| Check Number:   | ,   |  |
| Full Amount:    | \$50.00   |  |
| Amount Tendered | \$50.00   |  |
| Paid By:        | BLADES SALON/KRISTAL WILSON, Address:624 SE BUGLE COURT, Phone:(816) 813-2553 |  |

## Fees:

| Fee Description          | Reference / Application<br>Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC81150196                        | \$50.00     |
|                          |                                   |             |